

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>9-3-97</u>		2 Serial/Patent # <u>08/834155</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ <u>22</u>
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>22</u>	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:	
		9 0 2 -- 4 8 0 0	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
	Duplicate Payment		
	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Kathy Nelson</u>		TITLE: _____	
SIGNATURE: <u>Kathy Nelson</u>		PHONE: <u>308-1901</u>	
OFFICE: <u>Team 4</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Michelle Middleton</u>		DATE: <u>9-12-97</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: